UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-CA-96276	1/11/2013			

INSTRUCTIONS:	19-CA-90276
File an original with NLRB Regional Director for the region in which the stieged unfair labor prec	tice occurred or is occurring.

ite an original with NLRB Regional Director for the region in which the 1. EMPLOYER A	GAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	b. Tel. No. 253-403-1372	
MultiCare Health System-Auburn Medical Center		1
•	c. Cell No. 253-306-0595	
d. Address (Street, city, state, and ZIP code)	e, Employer Representative	f. Fax No. 253-403-7966
202 N Division Street, Auburn, WA, 98001	Jody Smith	g. e-Mail
		Jody.Smith@multicare.org
		h. Number of workers employed 10,000+
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Patient care	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of sec	tion 8(a), subsections (1) and (list
subsections) 8(a)3		or Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization	•	fair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor pr	actices)
(b) (6), (b) (7)(C) is one out of 235 employees, that e		
Within the last 6months (b) (6), (b) (7)(C) a (b) (6), (b)		nter has been harassed and
retaliated against by the Employer, for connected as	www.union and protect	Conscient
activity. En		
3 Full name of party filing charge (if labor organization, give full	Il name, including local name and number	
 Full name of party filing charge (if Isbor organization, give full Edisa Musinovic, Organizer, SEIU Healthcare 1199) 	NW	
4s. Address (Street and number, city, state, and ZIP code)		^{4b, Tel, No.} 425-917-1199
15 S Grady Way Ste.200, Renton, WA 98057		4c, Cell No. 425-919-3982
		4d. Fax No. 425-917-9707
		4e. e-Mail
		edisam@seiu1199nw.org
5 Full name of national or International labor organization of w	hich it is an affiliate or constituent unit (to be filled	In when charge is filed by a labor
organization) Service Employees International Union	Healthcare 1199NW	
6. DECLARATION I declare that I have read the above charge and that the statements		Tel. No. 425-917-1199
Ву	disa Musinovic	Office, if any, Cell No. 425-919-3982
(signature of representative or person making charge) (Print/type name and title or office, if any)		Fax No. 425-917-9707
Address 15 5 Grady Way Ste. o	100, Renton ws 9 8027 (vate)	e-Mail edisam@seiu1199nw.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-CA-96578	1/16/2013			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b Tel. No. 206-766-5482 a Name of Employer The Boeing Company 206-850-5830 206-662-3750 d Address (Street, city, state, and ZIP code) e. Employer Representative 535 Garden Ave. N, Kristi Blunk, HR g e-Mail Renton, WA 98057 kristi.m.blunk@boeing.com h Number of workers employed 50.000+ i. Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service airplanes k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) Z of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Boeing violated section 2: "an employer shall not be prohibited from permitting employees to confer with him (labor organization) during working hours without loss of time or pay." Boeing gave me a CAM (Corrective Action Memo), stating that I could not contact SPEEA during the day, and that I had to wait to do so during weekends, nights and holidays. (SPEEA is not open those times/days.). In the CAM, Boeing states that I'm not allowed to tell any employee that I'm being harassed/bullied/threatened/discriminated against/treated disparately, etc... Boeing has falsely accused me of making derogatory and harassing comments to others. Boeing is also penalizing me for taking sick days, which is a union benefit. Boeing has stated that I cannot argue/refute/appeal their statements regarding job performance and behavior, or else they will terminate me. This means that Boeing is always right and I am always wrong. This gives me no rights at all. Due to reporting lead for harassment, Boeing moved me to a different group, against my will, & gave a fabricated NORA and PM. filing charge (if labor organization, give full name, including local name and number) (a SPEEA member) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No (b) (6), (b) (7)(0 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 4d Fax No.

4e e-Mail (b) (6), (b) (7)(C) 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) SPEEA Tel No 6. DECLARATION (b) (6), (b) (7)(C) I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Office, if any, Cell No. (6), (b) (7)(C) (b) (6), (b) (7)(C) person making charge) (Print/type name and title or office, if any) Fax No. e-Mail 1/15/2013 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-CA-96605	1/16/2013			

INSTRUCTIONS:

a. Name of Employer		b. Tel. No. 907-486-3600		
First Student, Inc.		907-466-3600		
irst Student, Inc.		c. Cell No.		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.		
2014 Mill Bay Rd. Kodiak, AK 99615	Jerry Clark	g. e-Mail		
		h Number of workers employed 35		
Type of Establishment (factory, mine, wholesaler, etc.) School bus service	Identify principal product or service Home to school transportation			
k. The above-named employer has engaged in and is engage subsections) (5) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	of the National L	abor Relations Act, and these unfair labor		
coerced employees in the exercise of their rights (b) (6), (b) (7)(C) in assignment of work, equipment	- Totalis (1986) - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1			
3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)	full name, including local name and number)			
	full name, including local name and number)	4b. Tel No (b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel No (b) (6), (b) (7)(C) 4c. Cell No.		
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	full name, including local name and number)			
4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No.		
4a. Address (Street and number, city, state, and ZIP code)		4c. Cell No. 4d. Fax No. 46 (b) (6), (b) (7)(C		
4a. Address (Street and number, city, state, and ZIP code) 5. Full name of national or international labor organization of organization) 6. DECLARATION 1. declare that I have read the above charge and that the statement (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. A.Mail (b) (6), (b) (7)(C) and in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No.		
4a. Address (Street and number, city, state, and ZIP code) 5) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization) 6 DECLARATION	f which it is an affiliate or constituent unit <i>(to be fille</i> ON Note that he heat of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. a.Mail (b) (6), (b) (7)(C) ed in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code) 5. Full name of national or international labor organization of organization) 6 DECLARATION 1 declare that I have read the above charge and that the statement (b) (b) (6), (b) (7)(C)	f which it is an affiliate or constituent unit <i>(to be fille</i> ON ons are true to the best of my knowledge and belief. ons an Individual	4c. Cell No. 4d. Fax No. 4d. Pax No.		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. GODE, TITLE 10, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

CHARGE AGAINST EMPLOYER		Case 19-CA-09692	8 1-23-13
NSTRUCTIONS:	- 10 Ex. 1. 10 A		
tie an original with NLRB Regional Director for the region in which			18-
a. Name of Employer	AGAINST WHOIVI	CHARGE IS BROUGHT	b. Tel No.
20,250,770,700,700			
Oregon School Employees Association			c. Cell No. (b) (6), (b) (7)(C)
			f. Fax No.
d. Address (Street, city, state, and ZIP code) 4735 Liberty Rd S, Salem OR, 97302	e. Employer Rep		g. e-Mail
4733 Liberty No 6, Salem ON, 87302	ateren Arabje		
			(b) (6), (b) (7)(C)
			h. Number of workers employed approx. 40
i. Type of Establishment (factory, mine, wholesaler, etc.) Union	I. Identify principal Union represe	of product or service	
k. The above-named employer has engaged in and is engage subsections) 8(a)1 and 8(a)(2) practices are practices affecting commerce within the meaning commerce within the meaning commerce.		of the National Leb	or Relations Act, and these unfair labor
within the meening of the Act and the Postal Reorganizati 2. Basis of the Charge (set forth a clear and concise staterm	AND THE RESERVE OF THE PARTY OF	ting the alleged unfair labor or	ractionsi
On or about (b) (6), (b) (7)(C) 2013, (b) (6), (b) (7)(C) filed a			
School Employees Association. Additionally, on			
other employees (OSEASU staff union members			
concerted activity within our workplace, and to co	reate a caucus with	nin OSEASU to more dir	rectly confront the bullying
management culture. On or about January 22, 2	2013, (a) (a) (b) (a) (b)	egan receiving directive	s limiting work and contact
without explanation. On January 23, 2013, (b) (6 associate with various community groups and cottermination.), (b) (7)(C) sent a d	rective explaining to (D)	6), (b) (7)(C) that (0)(6) is to not freely

la, Address (Street and number, city, state, and ZIP code)	4b. Tel. No.
b) (6), (b) (7)(C)	4c. Cell No.
	4d, Fax No.
	4e. e-Mail
	(b) (6), (b) (7)(C)
 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be organization). 	filled in when charge is filed by a labor
6. DECLARATION	Tel. No.
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief	4
(b) (6), (b) $(7)(C)$ (b) (6) (b) $(7)($	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Fax No.

01/23/2013

FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-CA-97370	1/30/2013		

1000			200		
INST	DH	CT	ION	10.	

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b Tel. No 206-766-5482 a. Name of Employer The Boeing Company c. Cell No f. Fax No. 206-662-3750 e Employer Representative d Address (Street, city, state, and ZIP code) Kristi Blunk, HR 535 Garden Avenue North g e-Mail Renton, WA 98057 kristi.m.blunk@boeing.com h Number of workers employed 50,000 + i. Type of Establishment (factory, mine, wholesaler, etc.) j Identify principal product or service office airplanes k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) and (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The Employer issued me a corrective action memo (CAM), Performance Management and a Notice of Remedial Action (NORA) on about (0,6,0,7)(2) 2013 for discriminatory reasons relating to my union activities and support. I attended a meeting in about the beginning of January, 2013, during which I was told by the Employer that I could not talk about the Union or contact the Union, I subsequently received an e-mail from the Employer reiterating the discussion that took place during this meeting. The Employer placed me on leave on (b) (6), (b) (7)(c) 2013 and then terminated my employment on (b) (6), (b) (7)(C)2013 for discriminatory reasons, including reasons related both to my union activities and support AND in retaliation for a previously filed NLRB Charge in Case 19-CA-096578. Additionally, in about January 2013, the job coach with whom I was required by the Employer to consult with, who is an agent of the Employer, informed me that I could not exercise my rights under the contract to take sick leave. name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4b. Tel. No. 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (6), (b) (7)(C 4c. Cell No. 4d. Fax No 4e e-Mail (b) (6), (b) (7)(C) 5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel No DECLARATION (b) (6), (b) (7)(C) I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Office, if any, Cell No. (b) (6), (b) (7)(C) Ву or person making charge) (Print/type name and title or office, if any) Fax No e-Mail 1/30/13 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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1			Acres Street America		FORM EXEMPY UNDER 44 U.S.C 3512	
INTERNET UNITED STATES OF AMERI		ICA	DO NO		T WRITE IN THIS SPACE	
(2-98) NATIONAL LABOR RELATIONS BOAL CHARGE AGAINST EMPLOYER			Case		Date Filed	
			19-CA-09752	9	2-1-13	
ISTRUCTIONS:	B Regional Director for the region in which	h the alleged unfair la				
an original management			M CHARGE IS BROUGHT			
a Name of Employer				b. Tel	No. 503-294-2203	
United States Po	stal Service			c. Cel	No.	
-		I. Francisco		f. Fax	No.	
d Address (Street, cr 715 NW Hoyt Str	ty, stele, and ZIP code) eet	e. EmployerR Shawneen	Betha, Postmaster	g. e-Mali		
Portland, OR 972				I In		
					mber of workers employed 1500+	
Type of Establishme	ent (factory, mine, wholesaler, etc.)	L Idealify princ	apal product or service	4		
Mail Processing	frames trungs an energonal ora-).	Mail Deliver				
k. The above-named	employer has engaged in and is engagi	ing in unfair labor pr	actices within the meaning of se	iction 8(a),	subsections (1) and (list	
subsections)		-	of the National La	bor Relatio	ns Act, and these unfair labor	
The property of the property o	ces affecting commerce within the mea	The state of the s	nese unfair labor practicas are u	nfair practi	ces affecting commerce	
within the meaning	of the Act and the Postal Reorganization	on Act				
2. Basis of the Charg	e (set forth a clear and concise stateme	ent of the facis const	ituting the elleged unfair labor p	ractices)		
3. Full name of party	filing charge (If labor organization, give Area Local, 128	full name, including	local name and number)		-	
Portland Oregon	Area Local, 128					
4a Address (Street er	nd number, city, state, and ZIP code)	-5.11	the state of the s	4b. Tel. N	^{10.} 503-231-1797	
2360 SE Morrison				4c. Cell N		
Portland, OR 972	14			4d. Fex	10	
				40. Pax	No 503-231-8705	
		2.		4c. e-Mai		
the state of the section of the sect	isi or international labor organization of cari Postal Workers Union, AFL		le or constituent unit (to be filled	in when cl	large is filed by a labor	
I declare that I have re	6. DECLARATIOn the above charge and that the statement	ON nts are true to the bes	t of my knowledge and belief.	Tel. No	503-231-1797	
2	Br	ian Dunsmore, I	President	Office, if	any, Celi No.	
Isignitika e ta represen	nlative or person making charge)	(Printlyps name and	ti title or office, if any)	Fax No.	503-231-8705	
+		-		e-Mail		
2360 SE M	orrison ST Portland OR 97214		Feb. 01, 2013	Gawali		
Wares			(data)			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1801)
PRIVACY ACT STATEMENT

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INSTRUCTIONS: File on original together with four copies site a body for each additional pharped party to

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS: EGAPO OHARGE AGAINST EMPLOYER

FORM EVENET UNDER ALL WASTE DO NOT WRITE IN THIS SPACE Data Fleu 19-CA-98155 2/12/2013 by from 7 with rd. Rib Regiment Director for the riggiois in which the diagram

the state of the s	RAGANST WHOM SHARGE IS BROUGH	The second secon
L. Name of Employer. UPS		b. Number of woders amployed 2000
d. Address (Street, city, state, and 20/ bode) 4453 7th Ave S Seattle, WA 98108	d. Employer Representative Briss Person:	e. Tejšphana No. (206) 621-6411 Paž No. (206) 621-6254
Type of Establishment (Actor), mine; wholeseler, etc.) Parcel Delivery	g. Identify principal product birestvice Dislivery Service	(2007) 021 427
and (far.cubaschine) (3) until thos practices attaining sommerca commerce within the meaning of the Apt, and the Postal E. Basis of the Charge (set forth a claser and concluse abstrace)	Reorganization Act.	
I am also a (b) (6). (b) (f) (C) and I high been covering snother employee. At approximately 10 am 1 assert was bergaining unit work; Affectife conversation normal end time of the shift I was opvering. Bargaining unit member (b) (6), (b) (7)(C) was with	egi (a ilik eğinyetetilen.	and I was told to clock out prior to the
5. Eul name of mote fling charge (Mabor organization, give		

(b) (6), (b) (7)(C (b) (6), (b) (7)(C Fax No. 5. Full mand of indicated or international labor organization of which it is an affiliation; constituent unit (to be follow, in when charge is filled by a labor organization) n/a

& DECLARATION the above charge and that the statements are true to the bast

WILLFUL FALSE STATEMENTS ON THIS GHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, BECTION 1001)

INTERNET FORM NURB-501

UNITED STATES OF AMERICA

	TOTAL ENEMAT CONDENT 44 D.O.O.D.D.	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-04-098732	2-20-13	

CHARGE AGAINST EMPLOYER		Case	Date Filed
		19-CA-098732	2-20-13
NSTRUCTIONS: ile an original with NLRB Regional Director for the region in w	which the alleged unfair		
	YER AGAINST WHO	OM CHARGE IS BROUGHT	
a. Name of Employer			b. Tel. No. 503-585-3890
Fidelity National Financial, Inc.			c. Celi No.
			- 1
		D	f. Fax No.
d. Address (Street, city, state, and ZIP code) 198 Commercial Street SE - Suite 200	Theodore	Representative K. Urton	g. e-Mail
Salem, Oregon 97301		nty Manager	1
	X4.00.00	7.14	h. Number of workers employed
		ese, Attorney 925-817-3713	3) 50+
 Type of Establishment (factory, mine, wholesaler, etc.) Offices 	j. Identify pri Financial	ncipal product or service Services	
k. The above-named employer has engaged in and is en	gaging in unfair labor	practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections)		of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the within the meaning of the Act and the Postal Reorgania		these unfair labor practices are u	unfair practices affecting commerce
2. Basis of the Charge (sel forth a clear and concise stall	lement of the facts over	etitution the alleged unfair labor	rentines!
(b) (6), (b) (7)(C) filing charge (if labor organization,	give full name, includir	ng local name and number)	
		A Service Serv	
by Trent T. Whitford, Attorney 4a. Address (Street and number, city, state, and ZIP code	el .	(1 a) a = (14)	4b. Tel. No.
	<i>-</i> /		
c/o Whitford Law Offices LLC 1819 D Street NE			4c. Cell No. (b) (6), (b) (7)(C)
Salem, Oregon 97301503-365-8700			4d. Fax No.
			4e. e-Mail
Full name of national or international labor organization organization) n/a	on of which it is an affil	late or constituent unit (to be fille)	d in when charge is filed by a labor
6. DECLAR	PATION		Tel No.
declare that have read the above charge and that the state		est of my knowledge and belief.	503-365-8700
and the	Attorney		Office, if any, Cell No.
(signed of preprotent live or person making charge)	(Print/type name	and title or office, if any)	Fax No. 503-365-8701
(PC)		3/30/43	e-Mail
8/19 D Speet/NE, Salem, Oregon 9730	01	2/20/13	whitfordlaw@comcast.net

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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P.03

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case Date Filed	
19-CA-99017	2/25/2013

INS.	ווסי	~T	٠.

1. EMPLOY	ER AGAINST WHOM CHARGE IS BROUGHT	
Name of Employer acific Publishing Company		b. Tel. No. (206) 461-1300
		c, Cell No.
i. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. (206) 461-1289
336 South Alaska Street	Robert Munford, Operations Manage	g. e-Mail
Seattle, WA 98108-1727		
		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) lewspaper Publisher	j. Identify principal product or service Newspapers	
The above-named employer has engaged in and is eng	aging in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) (3) and (5)		bor Relations Act, and these unfair labo
practices are practices affecting commerce within the mwithin the meaning of the Act and the Postal Reorganiza		Infair practices affecting commerce
Basis of the Charge (set forth a clear and concise state	ment of the facts constituting the alleged unfair labor p	oractices)
ithin the past six (6) months, the Employer h	as engaged in the following conduct:	
, , , , , , , , , , , , , , , , , , , ,		
discriminated against employees to discour	age employees from membership in any lal	bor organization;
refused to bargain collectively with Union re		,
) unilaterally withdrew recognition from the Ur	•	•
unilaterally withdrew recognition from the U	•	•
) unilaterally withdrew recognition from the U	•	
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	nion.	
Full name of party filing charge (If labor organization, given	nion.	
Full name of party filing charge (If labor organization, give earnsters District Council No. 2, Local 747M	nion.	4b. Tel, No. (714) 447-3382
Full name of party filing charge (If labor organization, give amsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) E. Commonwealth Avenue	nion.	4b. Tel. No. (714) 447-3382 4c. Cell No.
Full name of party filing charge (If labor organization, give amsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) E. Commonwealth Avenue	nion.	4c. Cell No.
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Full name of party filing charge (If labor organization, given the party filing charge (If labor organization, given the party of the p	nion. ve full name, including local name and number)	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail
Full name of party filing charge (If labor organization, gineramsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) E. Commonwealth Avenue ullerton, CA 92831-3842	nion. ve full name, including local name and number) of which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail
Full name of party filing charge (If labor organization, giveransters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) 0 E. Commonwealth Avenue ullerton, CA 92831-3842 Full name of national or international labor organization ganization) International Brotherhood of Teams	nion. ve full name, including local name and number) of which it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail In when charge is filed by a labor
Full name of party filing charge (If labor organization, gineramsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) 0 E. Commonwealth Avenue ullerton, CA 92831-3842 Full name of national or international labor organization panization) International Brotherhood of Teams	nion. we full name, including local name and number) of which it is an affiliate or constituent unit (to be filled)	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail
Full name of party filing charge (If labor organization, given armsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) D.E. Commonwealth Avenue allerton, CA 92831-3842 Full name of national or international labor organization panization) International Brotherhood of Teams 6. DECLARAT declare that I have read the about charge and that the statem	nion. we full name, including local name and number) of which it is an affiliate or constituent unit (to be filled)	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail In when charge is filed by a labor
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Full name of party filing charge (If labor organization, gineramsters District Council No. 2, Local 747M Address (Street and number, city, state, and ZIP code) 0 E. Commonwealth Avenue ullerton, CA 92831-3842 Full name of national or international labor organization (panization) International Brotherhood of Teams(declare that I have read the above charge and that the statem)	nion. We full name, including local name and number) of which it is an affiliate or constituent unit (to be filled ters ITON lents are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. (714) 447-3385 4e. e-Mail In when charge is filed by a labor Tel. No. (619) 297-6900 Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed, Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C. 1512

INTERNET FORM NLRB-501 (2-08) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case 19-CA-99114	Date Filed 2/25/2013		

INSTRUCTIONS:

File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT	
a Name of Employer		b. Tel. No. (503) 706-2998
Alaska Ship & Dry Dock		c. Cell No
		f. Fax No. (503) 706-2998
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail
3801 Tongess Ave. Ketchikan AK 99901	Todaless (eliter, eliter), Elitas, eli	
. Type of Establishment (factory, mine, wholesaler, etc.)	. Identify principal product or service	
Shipbuilding./Shipyard and Repair	Shipyard Repairs	
k The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning	ng of section 8(a), subsections (1)
subsections) (3) and (5) of the National Labor Relations A the meaning of the Act, or these unfair labor practices are		
2. Basis of the Charge (set forth a clear and concise statem. Within the last six months the above named employer has discremployer has refused to bargain in good faith with the Charging otherwise interfered with rights guaranteed by Section 7 of the American employees. The employer also discharged one employee on acceptance.	Iminated against employees on account of Unio g Party. The Employer has engaged in unlawfu Act. The employer has furthermore packed the	on and/or protected activity. The
Full name of party filing charge (If labor organization, give)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, I	RON SHIPBUILDERS, BLACKSMITH, FORG	GERS AND HELPERS LOCAL 104
4a. Address (Street end number, city, state, and ZIP code)		4b. Tel, No. (206) 623-6473
2800 First Avenue Seattle, WA 98121		Ac. Cell No.
		4d. Fax No. (206) 250-0030
		4e. s-Mail
5. Full name of national or international labor organization of filed by a labor organization) INTERNATIONAL BROTHERHOOD OF BOILERMAKERS,	•	
6 DECLARATION		Tel. No. (510) 337-1001
I declare that I have read the above charge and that the statement and belief.	s are true to the best of my knowledge	Office, if any, Cell No.
BVYMAN	David A. Rosenfeld, Atlomey	Fax No. (510) 337-1023
(signeture of representative or person meking charge)	(Pantitype name and title or affice, if any)	e-Mail
Address: 1001 Marina Village Parkway, Sulte 200 Alameda Ca 94501 February 25, 2013		-
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE	PUNISHED BY FINE AND IMPRISONMENT (U.S.	CODE, TITLE 18 SECTION 1001)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100*
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	1 CALL CALLET 1 DIVIDER 44 0.0,0 02 12	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-99233	2/26/2013	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 206 787-1249 a. Name of Employer Republic Parking Systems c. Cell No. 206 783-4324 d. Address (Street, city, state, and ZIP code) e. Employer Representative Republic Parking Northwest, Inc. Vince T. Speziale g. e-Mail 200 West Mercer St., Suite #E-103 Director of Operations vspeziale@republicpar Seattle, WA. 96119 h. Number of workers employed i. Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Service Industry Parking management and shuttle bus services k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5, 3 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) The employer through its agents, officers, and/or representatives continues to discriminate and retaliate against (0) (6), (0) (7)(C) (b) (c), (b) (7)(c) a (b) (6), (b) (7)(C) as evidenced by its refusal to allow (b) the use of paid vacation time for two days (b) requested for time off because of (b) (b) (b) (c) (c) medical condition. The company has approved request for time off for the dates of (b) (6), (b) (7)(C) on a leave without pay basis only, and approved are use of paid vacation time for The company alleges that (b) (6), (b) (7)(c) can't have the use of paid vacation time for (b) (6), (b) (7)(c) & because with didn't request the vacation time with at least 10 days notice. The fact is that the ten (10) days doesn't apply in this situation, and even if it did, the cba allows for the parties to mutually agree to waive any of the cba's leave/vacation restrictions when unforeseen circumstances arise. This is evidence of the ongoing and continuing pattern of discrimination and harrassment of a (b) (6), (b) (7)(C) 3 Full name of party filing charge (if labor organization, give full name, including local name and number) International Brotherhood of Teamsters, General Teamsters Local 959 4b. Tel. No. 907-751-8557 4a. Address (Street and number, city, state, and ZIP code) 520 E. 34th Avenue, Suite 102 4c. Cell No. Anchorage, AK 99503 4d. Fax No 907-751-8595 4e e-Mall 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor International Brotherhood of Teamsters, General Teamsters Local 959 6 DECLARATION 907-751-8557 deciare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. John Marton, Business Representative anature of representative or person making charge) (Printitype name and file or office, if any) Fax No. 907-751-8595 520 E. 34th Avenue, Suite 102, Anchorage, AK 99503 jmarton@akteamsters.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	TOTAL REPORT TOTAL TABLE TO SO TO
DO NOT WRITE IN THIS SPACE	
Case 19-CA-99244	Date Filed 2/27/2013

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Tel. No. (425) 921-8065 Comcast Communications, Inc. c. Cell No. f Fax No d. Address (Street, city, state, and ZIP code) e. Employer Representative 12645 Stone Ave. N. Mandy Wild g. e-Mail Seattle, WA 98133 h. Number of workers employed 130 Type of Establishment (factory, mine, wholesaler, etc.) Identify principal product or service Communications Network Communications, Broadband and Vide Provider k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). Within the last six months, the above named employer by and through its owners, agents and representatives, at its Seattle, Washington location, violated Sections 8(a)(1) and (3) of the Act by terminating employee (b) (6), (b) (7)(C) for as other known Union supporters that have been illegally terminated by the employer for engaging in Union and concerted protected activities. The employer's stated reason for the termination of (b)(e)(b)(7)(c) is prefextual and demonstrably contrived and false. Full name of party filing charge (if labor organization, give full name, including local name and number) International Brotherhood of Electrical Workers, Local Union 89 4a. Address (Street and number, city, state, and ZIP code) (380) 657-1423 P.O. Box 3219 4c. Cell No. Arlington, Washington 98223 4d. Fax No. (360) 657-7216 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Brotherhood of Electrical Workers 6. DECLARATION (206) 467-6700 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. Jacob H. Black, Attorney e or person malung charge) (Printrype name and title or office, if any) Fax No. (206) 467-7589 e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

2/27/13

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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

2101 Fourth Avenue, Suite 1000, Seattle, Washington 98121

jblack@unionattorneysnw.com

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
19-CA-99336	2/28/2013	

File an original of this charge with NLKB Regional	Director in which the alleged unfair labor practice EMPLOYER AGAINST WHOM CHARGE IS BRO	DIGHT
Name of Employer MONTANA INSTITUTE OF FAMILY L Park Manor Retirement Home		5 Tel No. (406)761-1444 c Cell No
d Addman (street, city, state ZIP code)	A CONTRACTOR OF THE PROPERTY O	
100 CENTRAL AVE, GREAT FALLS, MT 95404	37 A 77 A 19 A 19 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	g e-Mail
SACAT TACES, INT SOUCH		h, Dispute Location (Criy and State) Great Fall, MT
i Type of Establishment (factory, nursing home, hotel) Retirement Home	j. Prinapal Product or Service Retirement / Assisted Living	k. Number of workers at dispute location approx. 15-19
Labor Reintlons Act, and these unfair labor practic	I is engaging unfair labor practices within the mea cas are practices affecting commerce within the mea meaning of the Act and the Postal Reorganization	caning of the Act, or these unfair labor practices
placing on administrative leave terminating of on or about (b) (6), (b) activities, including by raising cond	nteriered with, restrained, and coerce in or about (0) (6), (6) (7)(C) 2012 through (7)(C) 2013, in retaliation for (10) (6) that is been to the management company a ation, give full name, including local name and not	n about (10/10/10/10/10) 2013, and then ing engaged in protected concerted and/or the Board of Directors.
4a Address (street and number, city, state, and 2	IP code)	4b Tel, No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
Cartes and the contract of the		4d Fax No
		ne, a-Mad
5 Full name of national or international labor organization) 6. DECLARATION	Installion of which it is an affiliate or constituent uni	
I declare that I have mad the above charge:	and that the statements are true to the best of	Tel No
$-\frac{\pi y}{by}$ (b) (6), (b) (7)((b) (6), (b) (7)(C)	Office if any Cell No. (b) (6), (b) (7)(C)
(sig	Foot Name and Title	Fax No
(b) (6), (b) (7)(C)	2-28-13	e-Msil

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION HID) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) is processing unfair labor processing or dispation. The course uses for the information are fully set forth in the Federal Reposter, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRA will further explain these uses upon request. Disclosure of this information to the NLRA is voluntary, however, failure to supply the information will cause the NLRB to declare to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-99488	3-1-13	

INSTRI	ICT	ONIC.

e an original with NLRB Regional Director for the region in which 1. EMPLOYER	AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer		b. Tel. No. 503-517-6000	
Alpha Broadcasting		c. Cell No.	
		f. Fax No. 503-517-6401	
. Address (Street, city, state, and ZIP code) 211 SW Fifth Avenue, Suite 600 Portland, OR 97204	e. Employer Representative Bob Proffitt, President and COO	g. e-Mail	
		h. Number of workers employed	
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service Radio Broadcasting		
The above-named employer has engaged in and is engagin		ection 8(a), subsections (1) and (list	
subsections)		abor Relations Act, and these unfair labor	
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce	
Basis of the Charge (set forth a clear and concise stateme	nt of the facts constituting the alleged unfair labor	practices)	
ATTOCK TO WITH THE DELICATION IN THE RESIDENCE AND ADDRESS OF THE PERSON	medican reserve escreptional are energies and indian in	00.000.000	
1/6) (C) (b) (7)(C) 2040 (t)	a Postala de la deservación de la companya de la co	-1 (b) (c) (b) (7)(c) 1	
on or about (OIG) OI(O) 2013 the above name	d Employer discriminated against its emp		
	ted activity, or in order to discourage suc	ch activity.	
	ted activity, or in order to discourage suc	ch activity.	
	ted activity, or in order to discourage suc	ch activity.	
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ischarging ^{most} because of ^{bits} protected concert		ch activity.	
ischarging because of protected concert protecte		ch activity.	
ischarging because of protected concert Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Tel. No.	
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)			
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ischarging because of protected concert Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of	full name, including local name and number)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE

FORM NURB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

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le an original with NLRB	Regional Director for the region in which		DOT PRESSED DECURRED OF IS OCCU A CHARGE IS BROUGHT		
a. Name of Employer				b. Te	et. No. (800) 247-7328
Community First C	redit Union			c. Cell No.	
				c. Ce	ell No.
				f. Fao	k No.
d. Address (Street, city, 955 Ross Loop	state, and ZIP code)	e. Employer Re Roger Giesi		g. e-l	Mail .
Dupont, WA 98327	7	Cindy 1		9. 0	wion.
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. Type of Establishmen credit union	(factory, mine, wholesaler, etc.)	J. Identify principles financial ser	pal product or service vices		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. GODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INTERNET FORM NI RR-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-100198	3/12/2013	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel. No. 425-888-6551 a. Name of Employer Snoqualmie Indian Tribe c. Cell No. 425-466-9302 f. Fax No. 425-888-6727 d. Address (Street, city, state, and ZIP code) e. Employer Representative 8960 Railroad Ave. Snoqualmie, WA. 98065 Alisa Culp Burley g. e-Mail alisa@snoqualmietribe.us h. Number of workers employed 150 +i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Tribal Government **Government Services** k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Termination for "suspicion" and "gag order". Employees have been told they cannot speak to (b) (6), (b) (7)(C) subsequently, Myself. Employees express fear of losing their jobs when speaking or encountering myself after the action that terminated me for "suspicion" and they have breached contract. Withholding of my personal belongings to include documents needed to file 2012 taxes. Ordered that any contact I wish to make to the Tribe, it's members or its employees needs to be channeled through their attorney. arge (if labor organization, give full name, including local name and number) 4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No 6. DECLARATION (b) (6), (b) (7)(C) I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (Print/type name and title or office, if any) Fax No. e-Mail 3/7/2013 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(date)

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

DO NOT WRITE IN THIS SPACE

Date Filed

19-CA-100658

3-19-13

INSTRUCTIONS:

19-CA-100038

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYEE	AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Grand Central Baking Co - Oregon AKA Grand Central Bakery		b. Tel. No. 503-808-9860 c. Cell No.
d. Address (Street, city, state, and ZIP code) aa49 NW York St. Partland, OR 97210	e. Employer Representative Claire Randall Co-Owner and GM Cheryl Wilson, Ituman Resources	f. Fax No. 503 - 235 - 6323 q. e-Mail C.wilcon@grandcentralboking.com
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	h. Number of workers employed
BAKERY and FOOD SERVICE	Bread and Repared Foods	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization. 2. Basi(b)(6), (b) (7)(G)(set forth a clear and concise statement of the process	on Act. ent of the facts constituting the alleged unfair labor pra	(b) (6), (b) (7)(C)
On 2013, the above named concerted activity in the form of dix regarding the passes and working condition compensation 3. (b) (6), (b) (7)(c) charge (illabor organization, give an individual		
^{4a} (b) (6), (b) (7)(C) ^{ate, and ZIP code)}		4b. Tel. No.
		(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to be filled in	
6. DECLARATION 1 declare that I have read the above charge and that the statement		(b) (6), (b) (7)(C)
	(b) (6), (b) (7)(C)	Office, if any, Cell No.

Address

(b) (6), (b) (7)(C)

3/19/13 (pate)

lle or office, if any)

(b) (6), (b) (7)(C)

Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Date Filed	-7	
3/20/2013		
	N THIS SPACE Date Filed	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which t	
a. Name of Employer Real Estate Management Specialists, Inc.	b. Tel.No. (406) 755-0961 c. Cell No. (406) 250-0198 f. Fax No. (406) 755-8366 g. e-Mail kburkett@montanasky.net
	h. Number of workers employed
d Address (street, city, state, ZIP code) 282 Fourth Avenue WN, Kalispell, MT 59901 i. Type of Establishment (factory, mine, wholesaler, etc.) real estate management	e. Employer Representative Karen Burkett, President j. Identify principal product or service real estate management
k. The above-named employer has engaged in and is engaging in unfair	abor practices within the meaning of section 8(a), subsections (1) of the National g commerce within the meaning of the Act, or these unfair labor practices are
on administrative leave in or about (b) (6), (b) (7)(C)	
4c. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No. () 4e. e-Mail
5. Full name of national or international labor organization of which it is a organization)	affiliate or constituent unit (to be filled in when charge is filed by a labor
(D) (O), (D) (7)(C)	Tel.No. (b) (7)(C) an individual (type name and title or office, if any) Tel.No. (b) (6), (b) (7)(C) Office, if any, Cell No. () Fax No () e-Mail
Address (b) (6), (b) (7)(C) WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED THE PRIMARY A	D BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM EXEMPT UNDER 44 U S C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

7 -4 7 1 1 50 1 10 100		
CHARGE	AGAINST	EMPLOYER

DO NOT WRITE IN THIS SPACE Case Date Filed 19-CA-101303 3/27/2013

INSTRUCTION	

File an original with NLRB Regional Director for the region in which 1. EMPLOYER AGAINST	the alleged unfair labor practice oc ST WHOM CHARGE IS BROUGHT	curred or is occurring.
a. Name of Employer		b, Tel.No. (406)761-1444
		c. Cell No.
		f. Fax No.
		(406) 761-1522 g. e-Mail
		g. e-iwaii
		h. Number of workers employed
d. Address (street, city, state, ZIP code) 100 Central Avenue, Great Falls, MT 95404	e Employer Representative Dale Nelson, Adminis	trator
Type of Establishment (factory, mine, wholesaler, etc.) retirement home	j Identify principal product or se retirement home/assiste	rvice
k. The above-named employer has engaged in and is engaging in unfai	r labor practices within the meaning of	section 8(a), subsections (1) of the National
Labor Relations Act, and these unfair labor practices are practices affect	ing commerce within the meaning of th	ne Act, or these unfair labor practices are
unfair practices affecting commerce within the meaning of the Act and the	e Postal Reorganization Act	
2 Basis of the Charge (set forth a clear and concise statement of the fa	cts constituting the alleged unfair labor	practices)
3. Full name of party filing charge (if labor organization including local name) (b) (6), (b) (7)(C)	ame and number)	
4c Address (street and number, city, state and ZIP code)		4a. Tel No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) 4b, Cell No.
		40. CEN NO.
		4d. Fax No.
		()
		4e. e-Mail
5 Full name of national or international labor organization of which it is organization)	an affiliate or constituent unit (to be fille	ed in when charge is filed by a labor
6. DECLARATION	a CA A at 10 A was been been	Tel.No.
(b) (6), (b) (7)(C) ements are to (b) (6), (b) (7)(C)	rue to the best of my knowledge and b	(b) (6), (b) (7)(C)
$_{By}$ (D) (O), (D) (7)(C) $_{(b)}$ (6)	b), (b) (7)(C) an individual	Office, if any, Cell No.
(Pri	nt/type name and title or office, if any)	Fax No.
	3-211-2013	The second secon
A STATE OF THE STA	<u>3-20-2013</u>	e-Mail
Address (b) (6), (b) (7)(C)		
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISH	Land the second	

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FORM NLRB-501(2-08)

FORM EXEMPT UNDER 44 U S C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE	AGAINST	EMPI	OYFR
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DO NOT WRITE IN THIS SPACE Case Date Filed 19-CA-101351 3/27/2013

	INS	TR	UCT	IONS:	
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1. EMPLOYER AGAINS	ST WHOM CHARGE IS BROUGHT	
Real Estate Management Specialists, Inc.	(4	Tel.No. 06)755-0961 Cell No.
The state of the s	10.27	06) 250-0198
	f.	Fax No. -06) 755-8366
	kt	e-Mail purkett@montanasky.net
] n.	Number of workers employed
Address (street, city, state, ZIP code)	e. Employer Representative	
282 Fourth Avenue WN, Kalispell, MT 59901 Type of Establishment (factory, mine, wholesaler, etc.)	Karen Burkett, President	
eal estate management	real estate management	
abor Relations Act, and these unfair labor practices are practices affect nfair practices affecting commerce within the meaning of the Act and th	선구들은 얼마나 있다는 그리고 열었다. 스카스, 스타그	t, or these unfair labor practices are
Basis of the Charge (set forth a clear and concise statement of the far	icts constituting the alleged unfair labor pract	tices)
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and subsequently terminated and/or constructively discharge protected concerted activity and the protected activity and the protected activity act	activity of (b) (6), (b) (7)(C)	
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Full name of party filing charge (if labor organization including local name) (6), (b) (7)(C) c Address (street and number, city, state and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which it is a reganization) 6 DECLARATION	activity of (b) (6), (b) (7)(C)	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No () 4e. e-Mail When charge is filed by a labor Tel.No.
Full name of party filing charge (if labor organization including local nab) (6), (b) (7)(C) C Address (street and number, city, state and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which it is a reganization) 6 DECLARATION decimal (b) (6), (b) (6), (b) (6), (b) (6), (b) (6), (c)	activity of (b) (6), (b) (7)(C) ame and number) an affiliate or constituent unit (to be filled in the filled in	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No () 4e. e-Mail when charge is filed by a labor Tel.No.
Full name of party filing charge (if labor organization including local nab) (6), (b) (7)(C) C. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) (c) Full name of national or international labor organization of which it is a organization) (dec) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (dec) (b) (6), (b) (7)(C)	activity of (b) (6), (b) (7)(C) ame and number) an affiliate or constituent unit (to be filled in the cons	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No () 4e. e-Mail When charge is filed by a labor Tel.No. (b) (6), (b) (7)(C) Office, if any, Cell No ()
Full name of party filing charge (if labor organization including local nab) (6), (b) (7)(C) C. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) (c) Full name of national or international labor organization of which it is a organization) (dec) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (dec) (b) (6), (b) (7)(C)	activity of (b) (6), (b) (7)(C) ame and number) an affiliate or constituent unit (to be filled in the filled in	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No () 4e. e-Mail when charge is filed by a labor Tel.No. (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization including local nab) (6), (b) (7)(C) C Address (street and number, city, state and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of which it is arganization) 6 DECLARATION 6 DECLARATION 6 DECLARATION 6 (b) (6), (6), (6), (6), (6), (6), (6), (6)	activity of (b) (6), (b) (7)(C) ame and number) an affiliate or constituent unit (to be filled in the filled in	4a. Tel.No. (b) (6), (b) (7)(C) 4b. Cell No. () 4d. Fax No () 4e. e-Mail When charge is filed by a labor Tel.No. (b) (6), (b) (7)(C) Office, if any, Cell No ()

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA): 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed 4/1/2013

CHARGE AGAINST EMPL	UTER	Case	Date Filed
NSTRUCTIONS:		19-CA-1017	14 4/1/2013
ile an original with NLRB Regional Director for the region in which			· g
	RAGAINST WHOM CHAP	RGE IS BROUGHT	To Totale
a. Name of Employer			b. Tel. No. 425-252-4192
Crown Distributing Co., Inc.			c. Celi No.
			C. Comition
	···		f. Fax No. 425-258-3016
d Address (Street, city, state, and ZIP code)	e. Employer Represent	ative	
19401 85th Ave. NE	Richard King		g, e-Mail
Kenmore, WA 98028			richardking@hotmail.com
			h. Number of workers employed 96
i. Type of Establishment (factory, mine, wholesaler, etc.) Distributor	j. Identify principal prod Beverages	luct or service	
k. The above-named employer has engaged in and is engag	ing in unfair labor practices w	rithin the meaning of sect	ion 8(a), subsections (1) and (list
subsections) (3)		of the National Laho	or Relations Act, and these unfair labor
practices are practices affecting commerce within the mea	aning of the Act, or these unia		
within the meaning of the Act and the Postal Reorganization			
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constitution th	e alleged upfair labor ogs	octices)
Charging Party is and has been at all material tir	was the statutes. O(s) r	anananialiya of an	anaroniala unit of the
	• • •	· ·	
Employer's employees. Within the last six month	•		* * * * * * * * * * * * * * * * * * * *
Act by intimidating and retaliating against employ	yees for engaging in pro	otected and concert	ed union activity.
3 Full name of party filing charge (if labor organization, give Teamsters Union, Local No. 38	full name, Including local na	ne and number)	
Teamsters Union, Local No. 38			
4a. Address (Street and number, city, state, and ZIP code)		T.	4b. Tel. No. 425-252-3800
2601 Everett Avenue		i —	
Everett, WA 98201		1	4c. Cell No.
		Ī	4d. Fax No. 425-252-3889
		Ţ-	4e. e-Mail
•		1	dwilbur@teamsters38.org
6. Full name of national or international labor organization of	f which it is an affiliate or con	stituent unit (to be filled (when charge is filed by a labor
organization) International Brotherhood of Teamste		•	
6-DECLARATE	ON		Tel. No
I declare that I pave lead the above charge and that the stateme	ints are true to the best of my kr		206-467-6700
T. T.		· [-	Office, if any, Cell No.
Si	aNni M-K Lemonidis		Onice, il any, Cell No.
(sign styre of representative or person making charge)	(Print/type name and title or o		
		ffice, if any)	Fax No. 206-467-7589
			Fax No. 206-467-7589 _{B-Mail}

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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4-1-13

(date)

98%

Address

2101 Fourth Avenue, Suite 1000, Seattle, WA 98121

shull@unionattorneysnw.com

NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case 19-CA-102007 Date Filed 4/4/2013

INSTRUCTIONS:

	R AGAINST WHOM CHARGE IS BROUG	
a. Name of Employer The Millionair Club Charity		b. Tel. No. (206) 728-5627
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	- A4-9
515 Western Ave.	Rhonda Kopelli	g. e-Mail
eattle, WA. 98121		
		h. Number of workers employed 50_+
pe of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	J. 30_1
nstruction	building construction	
The above-named employer has engaged in and is engaged subsections)(3)	of the Nation	al Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganizal		are unfair practices affecting commerce
		har practicael
. Basis of the Charge (set forth a clear and concise statem Since on or about October 8, 2012, the above name	하다이 하면 하고 있는 사람들은 돈 하나 없는데 하는 생각이 있다. 그 얼마를 들었다. 점점하다 이번	
	re full name, including local name and number)	
o) (6), (b) (7)(C)		4b. Tel. No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
a. Address (Street and number, city, state, and ZIP code)		
a. Address (Street and number, city, state, and ZIP code)		4c. Cell No.
a. Address (Street and number, city, state, and ZIP code)		4c. Cell No.
b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) b. Full name of national or international labor organization		4c. Cell No. 4d. Fax No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) b. Full name of national or international labor organization organization)	of which it is an affiliate or constituent unit (to be	4c. Cell No. 4d. Fax No. (b) (6), (b) (7)(C) filled in when charge is filed by a labor
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization organization) 6. DECLARA I declare that I have read the above charge and that the staten	of which it is an affiliate or constituent unit <i>(to be</i>	4c. Cell No. 4d. Fax No. (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 6. DECLARA I declare that I have read the above charge and that the staten	of which it is an affiliate or constituent unit <i>(to be</i> TION nents are true to the best of my knowledge and belie	4c. Cell No. 4d. Fax No. (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
B. Full name of party filing charge (if labor organization, given) (6), (6), (7), (C) I.a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) (a) (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit <i>(to be</i>	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization organization) 6. DECLARA I declare that I have read the above charge and that the staten	of which it is an affiliate or constituent unit <i>(to be</i> TION nents are true to the best of my knowledge and belie	4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) ef. Office, if any, Cell No. Fax No.
a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization organization) 6. DECLARA I declare that I have read the above charge and that the staten	of which it is an affiliate or constituent unit <i>(to be</i> TION nents are true to the best of my knowledge and belie	4c. Cell No. 4d. Fax No. 4e. e.Mail (b) (6), (b) (7)(C) filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) ef. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITI	IN THIS SPACE
Case 19-CA-102456	Date Filed 4/10/2013

INSTRUCTIONS:

tile on original with NLDD Dagional Director for the region in which th		
File an original with NLRB Regional Director for the region in which th	GAINST WHOM CHARGE IS BROUGHT	mg.
a. Name of Employer	CANTON OF MICE TO BICOGOTT	b. Tel. No. 407-849-0670
		407-849-0070
Bags, Inc.		c. Cell No. 407-625-4378
1.11.	a Employer Popragantativa	f. Fax No.
d. Address (Street, city, state, and ZIP code) 21400 International Blvd.	e. Employer Representative Wendy E. Ash	g. e-Mail
SeaTac WA	VP, Human Resources	g. C Widi
Gearac WA	VI, Hamaii Resources	
6751 Forum Dr., Ste 200, Orlando FL		h. Number of workers employed approx. 250
i. Type of Establishment (factory, mine, wholesaler, etc.)	J. Identify principal product or service	
Wheelchair, Skycap, Baggage services at airport	Customer services	
k. The above-named employer has engaged in and is engaging	in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8(a) (1) and 8(a) (3)	of the National La	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning	ng of the Act, or these unfair labor practices are u	infair practices affecting commerce
within the meaning of the Act and the Postal Reorganization	Act.	
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor p	practices)
Respondent is a private sector employer providing		
airlines at Sea-Tac Airport. The National Mediation		_
its employees at Sea-Tac are not subject to the RL	_	(20 /0/ 2290,
Within the last six (6) months, BAGS, Inc., by its ag	ents officers and/or representatives b	has threatened employees who
have been attempting to exercise their rights under	•	
	Coolien / or the Hatierian East Holati	51.5 / 151.
(Continued on Page 2.)		
(Continued on Page 2.)		
(Continued on Page 2.)		
	I name, including local name and number)	
(Continued on Page 2.) 3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc	I name, including local name and number) al 6	
	I name, including local name and number) al 6	4b. Tel. No. 206-448-7348
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code)	I name, including local name and number) al 6	4b. Tel. No. 206-448-7348
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc	I name, including local name and number) al 6	4c. Cell No.
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South	I name, including local name and number) al 6	
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South	I name, including local name and number) al 6	4c. Cell No.
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South	I name, including local name and number) al 6	4c. Cell No. 4d. Fax No. 206-441-5120
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124		4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of where the state of the state o	nich it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of which is a service full state of the service full state.	nich it is an affiliate or constituent unit (to be filled	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of whorganization) Service Employees International Union 6. DECLARATION	nich it is an affiliate or constituent unit <i>(to be filled</i>	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail in when charge is filed by a labor Tel. No.
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of whorganization) Service Employees International Union	nich it is an affiliate or constituent unit <i>(to be filled</i>	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail d in when charge is filed by a labor
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of whorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail in when charge is filed by a labor Tel. No.
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of wiorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief. I Prockiw, Director, Organizing	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail d in when charge is filed by a labor Tel. No. 206-448-7348
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of wiorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail d in when charge is filed by a labor Tel. No. 206-448-7348 Office, if any, Cell No. 206-850-3723
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of wiorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief. I Prockiw, Director, Organizing	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail in when charge is filed by a labor Tel. No. 206-448-7348 Office, if any, Cell No. 206-850-3723 Fax No. 206-441-5120
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of whorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements By tempnature of representative or person making charge	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief. I Prockiw, Director, Organizing (Print/type name and title or office, if any)	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail In when charge is filed by a labor Tel. No. 206-448-7348 Office, if any, Cell No. 206-850-3723 Fax No. 206-441-5120 e-Mail
3. Full name of party filing charge (if labor organization, give full Service Employees International Union (SEIU) Loc 4a. Address (Street and number, city, state, and ZIP code) 3720 Airport Way South Seattle WA 98124 5. Full name of national or international labor organization of wiorganization) Service Employees International Union 6. DECLARATION I declare that I have read the above charge and that the statements	nich it is an affiliate or constituent unit (to be filled), CTW, CLC are true to the best of my knowledge and belief. I Prockiw, Director, Organizing	4c. Cell No. 4d. Fax No. 206-441-5120 4e. e-Mail in when charge is filed by a labor Tel. No. 206-448-7348 Office, if any, Cell No. 206-850-3723 Fax No. 206-441-5120

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Page 2, continuation of Item #2: Basis of the Charge
Within the last six (6) months, BAGS, Inc., by its agents, officers,
and/or representatives, has discriminated against (b)(6),(b)(7)(C) a BAGS,
Inc. employee, by interfering with, and by restraining or coercing
for engaging in protected concerted Union activities.
Since March 2012, and at all times thereafter, BAGS, Inc. managers have
given employees an employee handbook that includes the company's rules
and policies, and have maintained those rules and policies. In numerous
sections, these rules and policies unlawfully restrict employees in the
exercise of their Section 7 rights. The work rules in question restrict
activities protected by the Act; furthermore, employees could
reasonably construe several of the written rules to restrict such
lawfully protected activities.

2537619054

FORM EXEMPT UNDER 44 LIS C 3512

INTERNET FORM NLRB-501 *

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT	WRITE IN THIS SPACE
Case	Date Filed
19-CA-10302	8 4/17/2013

INICTOL	ICTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b. Tel No. (800) 247-7328 a. Name of Employer Community First Credit Union c. Cell No. f Fax No e. Employer Representative d. Address (Street, city, state, and ZIP code) Roger Gieseke 955 Ross Loop a. e-Mail Dupont, WA 98327 Cindy McKrill h. Number of workers employed 40 . Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Credit union Financial services k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the last six months, the Employer, through its officers, agents, or representatives, has interfered with, restrained, or coerced employees in the exercise of their rights guaranteed in Section 7 of the Act by interrogating employees during the investigation of an unfair labor practice charge without first making proper assurances, and by disciplining employee (b) (6), (b) (7)(C) for engaging in protected concerted activity using Facebook and/or for speaking with an agent of the NLRB during the investigation. (b) (6), (b) (7)(C) ty filing charge (if labor organization, give full name, including local name and number) 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No (b) (6), (b) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Tel. No 8. DECLARATION e and that the slatements are true to the best of my knowledge and belief. b) (6), (b) (7)(C) (b) (6), (b) (7)(C (b) (6), (b) (7)(C) Office, if any, Cell No. (Print/lype name and title or office, if any) Fax No. e-Mail (b) (6), (b) (7)(C)

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P.02

INSTRUCTIONS:

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	PERMITAREMENT UNDER 44 D BIC 3513
DO NOT W	RITE IN THIS SPACE
Case	Date Filed
19-CA-103158	4/18/2013

1. EMPLOYE	RAGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer Aramark		b. Tel. No. 509-244-5143
Cialiak		c. Cell No. 435-730-1431
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 100 W. Bong FAFB, Wa. 99011	s. Employer Representative Brian Holzworth	g. e-Mell
		h. Number of workers employed Unknown
Type of Establishment (factory, mine, wholeseler, etc.) Food Service	Identify principal product or service	

- k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (het subsections) (3)

 of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.
- 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)
- 1. Interfering with and coercing employees in the exercise of rights relating to organizing to join a labor organization for collective bargaining purposes. Note: Anti union documents and letters distributed by employer to employees through US mall and during management held meetings are available upon request...
- Punishing and threatening termination of employees for engaging in union or protected concerted activity.
 Note: Aramark's "Corrective Action Report" and Aramark Fairchild's policy on subject of charge is available upon request.

a. Address (Street and number, city, etete, and ZIP code)	4b. Tel No.
o) (6), (b) (7)(C)	4c, Cell No. (b) (6), (b) (7)(C)
	4d. Fax No.
	4e. e-Mail
	uent unit (to be filled in when charge is filed by a labor
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6. DECLARATION	Tel. No.
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6. DECLARATION I declare that I have read the choice chame and that the statements are true to the best of my know	Tel. No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, BECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing untair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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NATIONAL LABOR RELATIONS BOARD CHARGE & GLANGT EMPLOYER 19-CA-103/266 Date Fluid 4/23/2013 THE MARCE AGAINST EMPLOYER 19-CA-103/266 Date Fluid 4/23/2013 THE MARCE AGAINST WHOM CHARGE IS BROUGHT D. Tot No. 253-470-50: Call No. 253-470-50: The distinct Citivat cay, setus, and 219 code) David Molern David Molern Type of Establishment (filtretory, nano, wholesaler, etc.) Type of Establish	ATTORAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER CASE 19-CA-103/86 19-CA-103/8				POMALEXEMPT LINEER - U.S.C. I
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WILLPUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, DECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorised by the Natural Labor Relations Act (NLRA), 25 U.S.C. § 161 et soig The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unlist boor practice and related proceedings or bigotion. The routine uses for the information use fully section in the Federal Register, T1 Fed. Reg. 74942-45 (Dec. 15, 2005). The NLRB will further expans those uses upon request. Disclosure of titls information to the NLRB is information to the NLRB to decline to invoke its processed.

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FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 351			
DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-CA-104045	4-29-2013		

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	INST WHOM CHARGE IS BROUGHT		
EMPLOYER AGAINST WHOM CHARGE IS BROUGHT Name of Employer		b. Number of workers employed	
eliable Appliance Repair, LLC		20	
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No	
1200 E. 76th Ave., Anchorage, AK 99518	Michael Rounds, owner	907-522-4041 907-522-4036 fax	
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or serv	ice	
Appliance Shop	Appliance repair		
h. The above-named employer has engaged in and is engaging in (3) of the National Labor Relations Act, and these unfair labor	practices are unfair practices affecting com-	merce within the meaning of the Act.	
2. Basis of the Charge (set forth a clear and concise statement of	the facts constituting the alleged unfair lab	or practices)	
activity of bringing working conditions to the By the above and other acts, the above-nam coerced employees in the exercise of the rig	ned employer has interfered v		
3. Full name of party filing charge (if labor organization, give full name)	ame, including local name and number)	4b. Telephone No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) _{Cel}	
4a. Address (streel and number, city, state and 2IP code)			
(b) (6), (b) (7)(C)			
 Full name of national or international labor organization of which labor organization) 	h it is an affiliate or constituent unit (to be fi	lled in when charge is filed by a	
1 declare that I have read the above charge and that t	DECLARATION the statements therein are true to the best of	of my knowledge and helief	
_{By} _(b) (6), (b) (7)(C)	Title	semonge and peliet.	
Address	Telephone No.	Date	
above	above	4/29/13	
WILLFUL FALSE STATEMENTS ON THIS	CHARGE CAN BE PUNISHED BY FINE A	ND IMPRISONMENT	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMEN'
(U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-501FORM EXEMPT UNDER 44 U.S.C. 3512 UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
19-CA-104594	5/07/2013		

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for

the region in which the alleged unfair labor practice occurred or is occurring.				
1. EMPLOYER AGAINST V	WHOM CHARGE IS BROL	IG HT		
a. Name of Employer Strategic Resources, Inc. (SRI)			Number of workers employed	
c. Address (street, city, state, ZIP code) 7927 Jones Branch Drive, Suite 600 West McLean, VA 22102 (Site: Joint Base Lewis-McChord)	d. Employer Representative Anita Lawson, Direct Human Resources & Training	tor of (70	Telephone No 03) 749-3040 x: (703) 749-7990	
1. Type of Establishment (factory, mine, wholesaler, etc.) Service Contract g. Identify principal product or service Victim Advocates				
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of Section 8(a)1, 8(a)3 and 8(a)4 of the National Labor Relations Act.				
2., Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) In the last Six (6) months the above named employer has taken punitive and retaliatory measures against employee(s) for their union activities. These actions caused employees to suffer financial losses and continued the pattern of harassment and maintaining a hostile work environment.				
3.Full name of party filing charge (if labor organization, give full nam6e, in: International Association of Machinists & Aerospace Worker		·	4b. Telephone No. (503) 656-1475 Fax: (503) 657-2254	
4a. Address (street and number, city, state and ZIP code) 25 Cornell Avenue, Gladstone, OR 97027				
5. Full name of national or international labor organization of which it is a organization) International Association of Machinists & Aeros		(to be filled in	when charge is filed by a labor	
6 DEC	CLARATION tements therein are true to the	e best of my k	knowledge and belief.	
Mo 1 · A I			Title Grand Lodge Representative	
Address International Association of Machinists and Aerospace Workers, AFL-CIO 620 Coolidge Drive, Suite 130 Folsom, CA 95630	Telephone No. Phone: (916) 985-81 Fax: (916) 985-8121 Cell: ((16) 296-6805 Cfigueroa@iamaw.e	01	Oate May 7, 2013	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

RITE IN THIS SPACE
Date Filed
5-8-2013

No. 2 1 1		17.00	3 2 7	
INST	r D I	ICT	10	NC.

	R AGAINST WHOM CHARGE IS BROUGHT	1
a. Name of Employer		b Tel. No (425) 882-8080
Microsoft Corporation		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) One Microsoft Way Redmond, WA 98052	e. Employer Representative Sakun Ganason, HR	g. e-Mail
		h Number of workers employed 50,000
Type of Establishment (factory, mine, wholesaler, etc.)	 j. Identify principal product or service technology 	
. The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of	section 8(a), subsections (1) and (list
subsections) practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization	aning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	r practices)
	hat because of beautiful voicing such complaing the land to the land that had expected to receive. In addition, the	ne Employer told (b) (6), (b) (7)(C)
ob in Paris, France that the had applied for and that the normal Microsoparred that from communicating with co-workers	hat because of bear voicing such complain that expected to receive. In addition, the off chain of command to voice complaints	nts might not get a Microsoft be Employer told (b) (6), (b) (7)(C)
ob in Paris, France that had applied for and that could not go outside the normal Microsoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of one voicing such complain had expected to receive. In addition, the office complaint during one leave of absence.	nts of the might not get a Microsoft ne Employer told (b) (6), (b) (7)(C) is about working conditions, and
ob in Paris, France that had applied for and that could not go outside the normal Microsoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of one voicing such complain had expected to receive. In addition, the office complaint during one leave of absence.	nts of the might not get a Microsoft ne Employer told (b) (6), (b) (7)(C) as about working conditions, and
ob in Paris, France that had applied for and that could not go outside the normal Microscoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of one voicing such complain had expected to receive. In addition, the office complaint during one leave of absence.	nts one might not get a Microsoft are Employer told (b) (6), (b) (7)(C) as about working conditions, and
ob in Paris, France that had applied for and that could not go outside the normal Microscoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of one voicing such complain had expected to receive. In addition, the office complaint during one leave of absence.	nts of might not get a Microsoft are Employer told (b) (6), (b) (7)(C) as about working conditions, and 4b Tel No. (b) (6), (b) (7)(C) 4c Cell No.
that could not go outside the normal Microsoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of one voicing such complain had expected to receive. In addition, the office complaint during one leave of absence.	nts of might not get a Microsoft the Employer told (b) (6), (b) (7)(C) is about working conditions, and 4b Tel No. (b) (6), (b) (7)(C) 4c Cell No. 4d. Fax No.
that could not go outside the normal Microsoparred from communicating with co-workers (b) (6), (b) (7)(c) (flabor organization, give (b) (6), (b) (7)(c)	hat because of voicing such complain had expected to receive. In addition, the off chain of command to voice complainted during voice leave of absence.	nts of might not get a Microsoft the Employer told (b) (6), (b) (7)(C) is about working conditions, and 4b Tel No. (b) (6), (b) (7)(C) 4c Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
that could not go outside the normal Microsoparred from communicating with co-workers (b) (6), (b) (7)(C)	hat because of voicing such complain had expected to receive. In addition, the off chain of command to voice complainted during leave of absence. In addition, the off chain of command to voice complainted during leave of absence. In addition, the off chain off command to voice complainted during leave of absence.	nts of might not get a Microsoft the Employer told (b) (6), (b) (7)(C) is about working conditions, and 4b Tel No. (b) (6), (b) (7)(C) 4c Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)
that could not go outside the normal Microsoparred from communicating with co-workers from communicating with co-workers (b) (6), (b) (7)(c) Ba. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c) 5. Full name of national or international labor organization of organization) 1. declare that I have read the above charge and that the statements of the country of the cou	hat because of voicing such complain had expected to receive. In addition, the off chain of command to voice complainted during leave of absence. In addition, the off chain of command to voice complainted during leave of absence. In addition, the off chain off command to voice complainted during leave of absence.	ants of might not get a Microsoft the Employer told (b) (6), (b) (7)(C) is about working conditions, and 4b Tel No. (b) (6), (b) (7)(C) 4c Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) ed in when charge is filed by a labor
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes

FORM EXEMPT UNDER 44 U S C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-104786	5/09/2013	

INSTRUCTIONS:

Name of Employer		
rades Labor Corneration	R AGAINST WHOM CHARGE IS BROUGHT	b Tel No. 206-621-8436
rades Labor Corporation		c. Cell No.
		f. Fax No.
Address (Street, city, state, and ZIP code)		
08 Prefontaine PL S Seattle, WA		g, e-Mail
27.0.437		h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.)	J Identify principal product or service	
The above-named employer has engaged in and is engage	ing in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and (list
subsections) 8(a)3		abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce
. Basis of the Charge (set forth a clear and concise stateme		practices)
Full name of party filing charge (<i>if labor organization</i> , <i>give</i> Northwest Regional Organizing Coalition		
A STATE OF THE PROPERTY OF THE PARTY OF THE	full name, including local name and number)	
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b Tel No. (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135	full name, including local name and number)	4b Tel No. (b) (6), (b) (7)(C) 4c. Cell No
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135	full name, including local name and number)	4c. Céll No
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135		4c. Céll No 4d. Fax No.(b) (6), (b) (7)(C) (b) (6), (b) (7)
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135 ieattle, WA 98168-5121 Full name of national or international labor organization o	f which it is an affiliate or constituent unit <i>(to be fille</i>	4c. Cell No 4d. Fax No.(b) (6), (b) (7)(C) (b) (6), (b) (7) (d) (6), (b) (7) (d) (6), (b) (7)
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135 eattle, WA 98168-5121 Full name of national or international labor organization organization)	f which it is an affiliate or constituent unit <i>(to be fille</i>	4c. Céll No 4d. Fax No.(b) (6), (b) (7)(C) (b) (6), (b) (7)
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135 eattle, WA 98168-5121 Full name of national or international labor organization organization) Laborers International Union of North A	of which it is an affiliate or constituent unit <i>(to be fille</i>) America Solution of the best of my knowledge and belief (b) (6), (b) (7)(C)	4c. Cell No 4d. Fax No.(b) (6), (b) (7)(C) (b) (6), (b) (7) (d) (6), (b) (7)
a. Address (Street and number, city, state, and ZIP code) 2201 Tukwila International Boulevard Suite 135 Seattle, WA 98168-5121 5 Full name of national or international labor organization of organization) Laborers International Union of North A	of which it is an affiliate or constituent unit <i>(to be fille</i>) America S are true to the best of my knowledge and belief	4c. Cell No 4d. Fax No.(b) (6), (b) (7)(C) (b) (6), (b) (7) (c) (b) (7) (d)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Same as above

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-104967	5/13/2013	

e-Mail

(b) (6), (b) (7)(C)

May 13, 2013

CHARGE AGAINST EMPLO	YER Case		Date Filed
STRUCTIONS:	19	-CA-104967	5/13/2013
an original with NLRB Regional Director for the region in which	the alleged unfair labor practice occu	irred or is occurring.	
	AGAINST WHOM CHARGE IS		
a. Name of Employer		b.	Tel. No. 206-436-6513
UFCW Local 21		-	Cell No.
		C.	Cell NO.
		f. i	ax No.
d. Address (Street, city, state, and ZIP code) 5030 1st Ave S # 200	 e. Employer Representative Dave Schmitz, Presiden 		
Seattle, WA 98134	Dave Schille, Flesiderit		e-Mail
Seattle, VVA 30 134			
		h.	Number of workers employed 8+
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or s	service	
abor organization	Union representation and		
. The above-named employer has engaged in and is engagin	ng in unfair labor practices within the	e meaning of section 8(a), subsections (1) and (list
subsections) (3)	of	the National Labor Rela	ations Act, and these unfair labo
practices are practices affecting commerce within the meal			
within the meaning of the Act and the Postal Reorganization			
. Basis of the Charge (set forth a clear and concise stateme Vithin the past six months, the above-named Err	그렇게 하다면 하면 보다 하다 하다 하다 하게 되었다. 그리고 아이들이 되었다.	The state of the s	
B. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)	full same including local same and		
a. Address (Street and number, city, state, and ZIP code)	ruli name, including local name and	number)	
	iuli name, including local name and		al No.
(b) (6), (b) (7)(C)	uli name, including local name and		el. No. (b) (6), (b) (7)(C)
	iuli name, including local name and	4b T	el. No. (b) (6), (b) (7)(C)
	iuli name, including local name and	4b To	(b) (b), (b) (7)(c)
	iuii name, including local name and	4b To 4c Co 4d. F	ell No.
	iuli name, including local name and	4b To 4c Co 4d. F 4e. e-	ell No. ax No. Mail
		4b To 4c Co 4d. F 4e. e- (b) ((b) (b) (7)(c) Eax No. Mail 6), (b) (7)(C)
i. Full name of national or international labor organization of		4b To 4c Co 4d. F 4e. e- (b) ((b) (b), (b) (7)(c) Eax No. Mail 6), (b) (7)(C)
 Full name of national or international labor organization of organization) 	which it is an affiliate or constituent	4b To 4c Co 4d. F 4e. e- (b) (ell No. Eax No. Mail 6), (b) (7)(C) In charge is filed by a labor
5. Full name of national or international labor organization of organization) 6. DECLARATION	which it is an affiliate or constituent	4b To 4c Co 4d. F 4e. e- (b) (ell No. Fax No. Mail 6), (b) (7)(C) In charge is filed by a labor
5. Full name of national or international labor organization of organization) 6. DECLARATIO	which it is an affiliate or constituent	4b To 4c Co 4d. F 4e. e- (b) (unit (to be filled in whee Tel. f	(b) (b), (b) (7)(c) ell No. Mail 6), (b) (7)(C) on charge is filed by a labor No. (b) (6), (b) (7)(C)
5. Full name of national or international labor organization of organization) 6. DECLARATIO	which it is an affiliate or constituent	4b To 4c Co 4d. F 4e. e- (b) (unit (to be filled in whe	ell No. Fax No. Mail 6), (b) (7)(C) In charge is filed by a labor
5. Full name of national or international labor organization of organization) 6. DECLARATION	which it is an affiliate or constituent	4b To 4c Co 4d. F 4e. e- (b) (unit (to be filled in whee re and belief. Office	ell No. Fax No. Mail 6), (b) (7)(C) In charge is filed by a labor No. (b) (6), (b) (7)(C) e, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NURB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Date Filed

INSTRUCTIONS:

19-CA-106044

Case

5-29-13

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

Bay Area Properties, LLC (Baycrest Village)

b. Tel. No. 503-598-2810

c. Cell No. 503-515-3558

d. Address (Street, city, stete, and ZIP code)

e. Employer Representative

f. Fax No. 503-595-2818

10220 SW Greenburg Rd Ste 201

Jodi Guffee

g. e-Mail

Portland OR 97223

odi@radiantseniorliving.com

h. Number of workers employed approximately 190

i. Type of Establishment (factory, mine, wholesalar, etc.) Skilled Nursing Facility

j. Identify principal product or service

Senior Living

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8 (a) (3) of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act,

<u>clear and co</u>ncise statement of the facts constituting the alleged unfair labor practices)

terminated prior to employer completing investigation or following progressive discipline.

05-09-13 (b) (6), (b) (7)(6) threatened rank and file member with retaliation if said member wanted a Union Representative involved in establishing a change in working conditions.

Management is holing Union Stewards to a higher standard over rank and file members.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

United Food and Commercial Workers Local 555

4e. Address (Stroot and number, city, state, and ZIP code)

3427 Ash Street

North Bend OR 97459

4b. Tel. No. 541-756-0579

4c. Cell No. 541-260-0020

4d. Fax No. 541-756-1394

4e. e-Mail

mrivas@ufcw555.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) United Food and Commercial Workers local 555

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Tel. No. 541-756-0579

Office, if any, Cell No.

541-260-0020

Fax No. 541-756-1394

e-Mail

mrivas@ufcw555.org

3427 Ash Street North Bend OR 97459

person meking charge)

05-29-30 (deta)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Megan Rivas UFCW Union Representative

(Print/type name and title or office, if any)

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed, Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER PORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	Ī
19-CA-106425	6/3/2013	

INSTRUCTIONS:

Name of Employer		b. Tel. No. 360-384-4829	
enders Dry Wall		c Cell No	
		c. Cell No. 360-815-2423	
Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fex No. 360-354-4635	
380 Homestead Blvd. Lynden, WA 98624	Dave Leenders	g. e-Meil	
		dieenders@comcast.net	
		h. Number of workers employed 21-30	
Type of Establishment (factory, mine, wholeseler, etc.) Construction			
The above-named employer has engaged in and is engage subsections) practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganization.	of the National Li ening of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor	
elocated their families.	(b) (7)(C) & (b) (6), (b) (7)(C) mmediately sa	uté employment elsewhere and	
slocated their families.		uté employment elsewhere and	
Blocated their families. Euli name of party filing change (if labor organization, plys) NTERNATINAL UNION OF PAINTERS AND A		Torrotte	
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Elocated their families. Full name of party filing change (if labor organization, pivo NTERNATINAL UNION OF PAINTERS AND A Address (Street and number, pity, state, and ZIP code). 770 E MARGINAL WAY S, Bidg E#321		4b. Tel. No. 206-441-5554 4c. Cell No. 206-794-1240	
Eull pame of party filing charge (if labor organization, given TERNATINAL UNION OF PAINTERS AND A Address (Street and number, oity, state, and ZIP code) 770 E MARGINAL WAY S, Bidg E#321 eattle, WA 98108	e full name, including local name and number) LLIED TRADES of which it is an affiliate or constituent unit (to be fille	4b. Tel. No. 206-441-5554 4c. Cell No. 206-794-1240 4d. Fax No. 206-448-6478 4e. e-Meil omar@lupatdc5.org	
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Full name of national or international labor organization of garization) Full name of national or international labor organization of garization) INTERNATINAL WAY S, Bidg E#321 eattle, WA 98108 Full name of national or international labor organization of garization) INTERNATINAL UNION OF PAINTE declare that I have read the above charge and that the statement of the stateme	of full name, including local name and number) LLIED TRADES of which it is an affiliate or constituent unit (to be fille) ERS AND ALLIED TRADES ION ents are true to the best of my knowledge and belief.	4b. Tel. No. 206-441-5554 4c. Cell No. 208-794-1240 4d. Fax No. 206-448-6478 4e. e-Meil omar@lupatdc5.org ad in when charge is filed by a labor Tel. No. 206-441-5554 Office, if eny, Cell No. 206-794-1240	

WILLFUL FXLSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100° PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

Ø002/003

FORM-EXEMPT UNDER 44 U.S.C 3512

INTERNET SKM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE Case Date Filed 19-CA-106443 6/3/2013

INSTRUCTIONS:	19 CH 10044
File on original with MLRS Regional Director for the region in which the silected unjuly labor	or practice occurred or is occurring.

1. ÉMPLOYER	AGAINST WHOM CHARGE IS BROUGHT		
Name of Employer		b. Tel. No. 303-292-6546	
Greyhound Lines, Inc.		c. Call No.	
		C Can No.	
	1 = 2	f. Fax No.	
d Address (Street, city, state, and ZIP code) 205 S. Larner	Employer Representative Mike Tirnlin,	g. e-Mail	
allas, Texas 75202	Area Representative	g. o man	
50103, 10205	,	h. Number of workers employed	
Total Children of the date mine who have a stall	i Idealik, salasisal sasak akar sasaksa		
Bus lines	ype of Establishment (flectory, mine, wholeseler, etc.) j. Identify principal product or service Passenger bus transportation		
The above-named employer has engaged in and is engagin		section B(a), subsections (1) and (list	
subsections)	of the Makinnel L	Labor Relations Ast, and these unitain labor	
precises are practices effecting commerce within the meal within the meaning of the Act and the Postal Reorganization	ning of the Act, or these unfair labor practices are		
2. Basis of the Charge (set forth a clear and concise stateme		rondicasi	
On or about (b) (6), (b) (7)(G) 2013, the Employer disc			
engaging in protected concerted activity, includin			
inguiging in protected concertos abately, includin	g raising issues with management about	A MINIMANONA ON MOOF SELVICE.	
		**	
		ę.	
3. Full name of party films chance (if laker or sentration, give	full name including local name and number	ę.	
Eull name of party filing chance (I labor organization, give	full name, including local name and number)	· •	
(b) (6), (b) (7)(C)	full name, including local name and number)	ę.	
(b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No.	
(b) (6), (b) (7)(C) As Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)		
(b) (6), (b) (7)(C) a Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4c. Cell No. (b) (6), (b) (7)(C)	
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(b) (6), (b) (7)(C) In Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) In Full name of national or intermational labor organization of organization)	which it is an affiliate or constituent unit (to be life	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) Ital Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or intermational labor organization of organization)	which it is an affiliate or constituent unit (to be life	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) Ital Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or intermational labor organization of organization)	which it is an affiliate or constituent unit (to be life	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) And in when charge is filed by a lebor Tel. No. Office, if any, Cell No.	
(b) (6), (b) (7)(C) Ital Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or intermational labor organization of organization)	which it is an afficience or constituent unit (to be life) (6), (b) (7)(C) belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) Tel. No.	
(b) (6), (b) (7)(C) Ital Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of organization)	which it is an afficience or constituent unit (to be life) (a) (b) (b) (7)(c) belief. (b) (c) (b) (7)(c) or office, if any)	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) And in when charge is filed by a lebor Tel. No. Office, if any, Cell No. (b) (6), (b) (7)(C) Fax No.	
	which it is an affiliate or constituent unit (to be file) (a) (b) (b) (7)(C) belief.	4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) And in when charge is filed by a lebor Tel. No. Office, if any, Cell No. (b) (6), (b) (7)(C) Fax No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or intigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. FORM NLRB-501 (17-94)

UNITED STATES OF I MERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C. 381	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-CA-106508	6-5-13	

INSTRUCTIONS:

File an original and 4 copies of this charge with N .RB Regional Director for the region in which the alleged untair labor practice

occurred or is occurring.	ER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer	THE PARTY OF THE P	b. Number of Workers Employed	
United States Postal service		Hundreds of Thousands	
c. Address (street, city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. 541-341-3601	
520 Willamettc Eugenc, OR 97401	Paul Bastinelli	Fax No.	
Type of Establishment (factory, mine, wholesaler, etc.) g. Identify Principal Product or Service Postal Service			
The above-named employer has engaged in and is angaging subsections) 5 practices are unfair practices affecting commerce within the commerce	of the National I	ection 8(a), subsections (1) and (list abor Relations Act, and these unfair labor	
2. Basis of the Charge (set forth a clear and concise statem, vi		practices.)	
Management refuses to acknowledge requests for time. The Union and management have signed numerous ig agreements and respond to the (b) (b) (7)(c) requests. They refuse to discuss grievances with the Branch (b) (c). They are retaliating against the (b) (c). (b) (7)(c) as a Letter C:	reements regarding providing time/inform	The second second second	
By the above and other acts, the above-named employ if higherenteed in Section 7 of the Act. 3. Full name of party filing charge (if lepor organization, give full)		mployees in the exercise of the rights	
Branch 916, National Association of Letter carriers	and the sum of		
4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.	
그걸 경기되고 그리아를 하고 있다고 말하게 되었다면 하는데 되었다면 하는데 하는데 되었다면 때문에 없었다.		1341-934-7107	
931 River Road		541-954-2107 Fex No.	
931 River Road Eugene, OR 97404 5. Full name of national or international labor organization of whice (b) (6), (b) (7)(C) iers		Fex No.	
931 River Road Eugene, OR 97404 5. Full name of national or international labor organization of whice (b) (6), (b) (7)(C) iers and the above charge as the above charge of the above cha	6. DECLARATION nd that the statements are true to the best o	Fix No. i when charge is filed by a labor organization) finy knowledge and belief. 7/(6)	
931 River Road Eugene, OR 97404 5. Full name of national or international labor organization of whice (b) (6), (b) (7)(C) iers	6. DECLARATION nd that the statements are true to the best o	Fex No. i when charge is filed by a labor organization) finy knowledge and belief.	

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed 6-6-13

INSTR	ICTI	ONG.

	GAINST WHOM CHARGE IS BROUGHT	L. Til M.
Name of Employer		b Tel. No. (503) 244-2211
ommercial Care Landscape, LLC		c. Cell No. (503) 881-6022
		f. Fax No
Address (Street, city, state, and ZIP code) 10300 SW Greenburg Road, Suite 530, Portland,	e. Employer Representative Registered Agent: Leanne M. Bowke	g e-Mail
OR 97305		h. Number of workers employed 18
Type of Establishment (factory, mine, wholesaler, etc.) andscaping Company	j. Identify principal product or service Provides landscaping services	•
 The above-named employer has engaged in and is engaging subsections) 		ction 8(a), subsections (1) and (list or Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization.	ng of the Act, or these unfair labor practices are un	
Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfair labor po	ractices)
$^{(b)}$ (b) (7)(C), and $^{(b)}$ (b) (6), (b) (7)(C) by disactivity related to the employees' wages, hours and	charging and/or disciplining them for en d working conditions.	gaging in protected concented
. Full name of party filing charge (if labor organization, give ful	ll name, including local name and number)	
		mercial Care Lanscaping
Corinna Spencer-Scheurich, attorney representing		mercial Care Lanscaping 4b. Tel. No (503) 525-8454
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project		4h Tol No.
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 12 SW Washington, Suite 1100		^{4b. Tel. No} (503) 525-8454
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 12 SW Washington, Suite 1100		4b. Tel. No (503) 525-8454 4c. Cell No.
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 12 SW Washington, Suite 1100 Portland OR 97205 5. Full name of national or international labor organization of wi	above listed former employees of Com	4b. Tel. No (503) 525-8454 4c. Cell No. 4d. Fax No. (503) 946-3029 4e. e-Mail corinna@nwjp.org
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 312 SW Washington, Suite 1100 Portland OR 97205 5. Full name of national or international labor organization of wingenization) 6. DECLARATION	above listed former employees of Com-	4b. Tel. No (503) 525-8454 4c. Cell No. 4d. Fax No. (503) 946-3029 4e. e-Mail corinna@nwjp.org
Corinna Spencer-Scheurich, attorney representing la. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 312 SW Washington, Suite 1100 Portland OR 97205 5. Full name of national or international labor organization of wind congenization) 1 declare that I have read the above charge and that the statements	above listed former employees of Com-	4b. Tel. No (503) 525-8454 4c. Cell No. 4d. Fax No. (503) 946-3029 4e. e-Mail corinna@nwjp.org in when charge is filed by a labor Tel. No.
I declare that I have read the above charge and that the statements	above listed former employees of Com-	4b. Tel. No (503) 525-8454 4c. Cell No. 4d. Fax No. (503) 946-3029 4e. e-Mail corinna@nwjp.org in when charge is filed by a labor Tel. No. (503) 525-8454, ext 18
Corinna Spencer-Scheurich, attorney representing a. Address (Street and number, city, state, and ZIP code) Northwest Workers' Justice Project 12 SW Washington, Suite 1100 Portland OR 97205 5. Full name of national or international labor organization of wind organization) 6. DECLARATION 1 declare that I have read the above charge and that the statements 1. Cori	above listed former employees of Com- hich it is an affiliate or constituent unit (to be filled are true to the best of my knowledge and belief inna Spencer-Scheurich (Pnnt/type name and title or office, if any)	4b. Tel. No (503) 525-8454 4c. Cell No. 4d. Fax No. (503) 946-3029 4e. e-Mail corinna@nwjp.org in when charge is filed by a labor Tel. No. (503) 525-8454, ext 18 Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

19-CA-106650 6/5/2013

	Director in which the alleged unfair labor practice of		
	EMPLOYER AGAINST WHOM CHARGE IS BROU	JGHT b. Tel No.	
a. Name of Employer TRADES LABOR CORPORATION		(206)621-8436	
		c. Cell No.	
d. Address (street, city, state ZIP code)	Owner		
108 Prefontaine Pl. S. Seattle, WA 98104		g. e-Mail	
		h. Dispute Location (City and State) Seattle, WA	
i Type of Establishment (factory, nursing home,	j. Principal Product or Service	k Number of workers at dispute location	
hotel) Temporary Labor	Temporary Labor Subcontracting		
	es are practices affecting commerce within the meaning of the Act and the Postal Reorganization to statement of the facts constituting the alleged under the Employer has discriminated aga	aning of the Act, or these unfair labor practices Act. Ifair labor practices) Inst (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
by failing and/or refusing to dispate protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and Zi	tion, give full name, including local name and num NG COALITION		
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI	tion, give full name, including local name and num NG COALITION P code)	4b. Tel No. (206)384-7989 4c. Cell No. 4d Fax No.	
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and ZI 12201 TUKWILA INTERNATIONAL BI	tion, give full name, including local name and num NG COALITION P code)	4b. Tel No. (206)384-7989 4c. Cell No.	
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and ZI 12201 TUKWILA INTERNATIONAL BI SEATTLE, WA 98168	tion, give full name, including local name and num NG COALITION P code) LVD, STE 135,	4b. Tel No. (206)384-7989 4c. Cell No. 4d Fax No. (206)241-3129 4e. e-Mail benfreitag@icloud.com	
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and ZI 12201 TUKWILA INTERNATIONAL BI SEATTLE, WA 98168 5. Full name of national or international labor organization) Laborers International Union of North A 6 DECLARATION I declare that I have read the above charge at	tion, give full name, including local name and num NG COALITION code) VD, STE 135, dization of which it is an affiliate or constituent unit	4b. Tel No. (206)384-7989 4c. Cell No. 4d Fax No. (206)241-3129 4e. e-Mail benfreitag@icloud.com	
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and ZI 12201 TUKWILA INTERNATIONAL BI SEATTLE, WA 98168 5. Full name of national or international labor organization) Laborers International Union of North A DECLARATION	tion, give full name, including local name and num NG COALITION Code) VD, STE 135, Dization of which it is an affiliate or constituent unit America Indicate the statements are true to the best of BENJAMINE R. FREITAG,	4b. Tel No. (206)384-7989 4c. Cell No. 4d Fax No. (206)241-3129 4e. e-Mail benfreitag@icloud.com (to be filled in when charge is filed by a labor	
protected concerted activity. 3. Full name of party filing charge (if labor organiza NORTHWEST REGIONAL ORGANIZI 4a. Address (street and number, city, state, and ZI 12201 TUKWILA INTERNATIONAL BI SEATTLE, WA 98168 5. Full name of national or international labor organization) Laborers International Union of North A DECLARATION I declare that I have read the above charge at my knowledge and to lies.	tion, give full name, including local name and num NG COALITION Code) LVD, STE 135, Dization of which it is an affiliate or constituent unit America Indicate the statements are true to the best of BENJAMINE R. FREITAG, Organizer	4b. Tel No. (206)384-7989 4c. Cell No. 4d Fax No. (206)241-3129 4e. e-Mail benfreitag@icloud.com (to be filled in when charge is filed by a labor Tel No (206)384-7989	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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SEATTLE, WA

90 E Nd 5- MIF EIDZ

REGION TO MERS RECEIAED

INTERNET FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case Date Filed			
10-01-107010	6 11 12		

CHARGE AGAINST EMPLOYER INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor p		Case		Date Filed	
		19-CA-107010		6-11-13	
		or practice occurred or is occurring.			
	R AGAINST WHOM	CHARGE IS BROUGHT		Tol No.	
U.S. Postal Service		b. Tel. No. 541-386-9416			
			c. (Cell No. ?	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative		f. F	ax No. 541-386-9418	
408 Cascade Ave		Postmaster		e-Mail ?	
Hood River, OR 97031	Kevin Branson			Number of workers employed	
i. Type of Establishment (factory, mine, wholesaler, etc.) Postal Installation	j. Identify principal product or service Collection: Delivery			A state of the contract of the party of the contract of the co	
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement)	on Act.	ese unfair labor practices are	unfair pra		
Our National Agreement provides and from 4-1-2013 three management on 4-1-2013 from 4-11-2013. From 4-11-2013, manage-ment The (b) (6), (b) (7)(C) filed gand 6-7-2013, was subjected to the discipline and 3. Full name of party filing charge (if labor organization, give National Association of Letter Cata. Address (Street and number, city, state, and ZIP code) P.O. Box 222 Parkdale, DR 97041	ough 4-30 of its into t refuse, rievances of ected to possible r full name, including to	a Local Nego -2013. The b tent to open d to negotial addressing the ntimidation of emoval.	e Dall 40. Te 40. Te 40. Te 40. Te 40. Fe 40. e-M	notified negotiations. negotiations. nes On 6-5-201; retaliation, with	
5. Full name of national or international labor organization of organization) AFL-C10, American Federation 6. DECLARATION 1 declare that I have read the above charge and that the statement (b) (6), (b) (7) (C)	of labor-			al Organizations	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.